

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	①		2-5-99

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
-	(Through numeral) Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date									
Final	Original	12	4	8	11	8	9	10	10	
1	✓	✓	✓	✓	✓	✓	✓	✓	✓	
2	✓	✓	✓	✓	✓	✓	✓	✓	✓	
3	✓	✓	✓	✓	✓	✓	✓	✓	✓	
4	✓	✓	✓	✓	✓	✓	✓	✓	✓	
5	✓	✓	✓	✓	✓	✓	✓	✓	✓	
6	✓	✓	✓	✓	✓	✓	✓	✓	✓	
7	✓	✓	✓	✓	✓	✓	✓	✓	✓	
8	✓	✓	✓	✓	✓	✓	✓	✓	✓	
9	✓	✓	✓	✓	✓	✓	✓	✓	✓	
10	✓	✓	✓	✓	✓	✓	✓	✓	✓	
11	✓	✓	✓	✓	✓	✓	✓	✓	✓	
12	✓	✓	✓	✓	✓	✓	✓	✓	✓	
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Claim	Date									
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)